PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			64		1COIL	(COIGHII E)		RATE	FEE		RATE FEE		
FOR			NUMBER FILED		NUMBER EXTRA				385.00	$\frac{1}{2}$	— <u> </u>	FEE	
II			1.0:				 	DASICTE	. 365.00	OR	BASIC FEE	77.0.00.	
TOTAL CHARGEABLE CLAIMS			. 0 4 minus 20= • C		٠٠٠	{ 	<u> </u>	.XS 9=	<u></u>	OR	X\$18=	792	
INDEPENDENT CLAIMS			5 minus 3 = 7			·		X43=		OR	X86≈	177	
MULTIPLE DEPENDENT CLAIM P			RESENT					1A5=_		l _{on}	290=		
F71	the difference	Tịn colûmn 1 is	fess than zero, enter "0" in column 2				TOTAL	-	OR	TOTAL	1724		
İ	C	MENDE	MENDED - PART II				SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
	······································	(Column 1)	T	(Colun		(Column 3)	1 1	SMALL	, - · · · · · · · · · · · · · · · · · · 	OR 1. = "	SMALL		
ENT A	Celsich	REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE	
AMENDMENT	Total	. 44	Minus -	6	ŧ _	=		XS 9=		OR	X\$18=		
AME.	Independent	· 5	Minus	(<u> </u>			X43=		OR	X86=	_	
		TATION OF MI	JLTIPLE DE	PENDENT	CLAIM.			.+145=		 OR	+290=	 ,	
`	136, 43,46,49							TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)													
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL -FEE	
MENDMENT	·Total · ·-		Minus ·	*****] .[XS 9≝	· 	OR	⁻ X\$18≔		
AME	Incependent	NEATION OF M	Minus	***				_X43=		OR	.X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT GEAIM							+145=	· · · · · · · · · · · · · · · · · · ·	OR	+290=		
	- The state of the								•	I	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	ın 2)	(Column 3)	ĺ	.DDIT. FEE I			ADDII. FEEL		
AMENDMENT C .		CLAIMS . REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	**		a·		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		a .	 	X43=		l	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-	740-		OR	700-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
1	The "Highest Num	ber Previously Paid	For (Total or	Independer	is the	highest numbe	r four	ıd in the ann	rooriate boy	in col	ıma 1.		